

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211516440

1.) CORPORATION NAME:

US ONCOLOGY, INC.

DUE DATE: **9/30/2011**

SCC ID NO: **F1802711**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10101 WOODLOCH FOREST

CITY/ST/ZIP: THE WOODLANDS, TX 77380-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: WILLIE C. BOGAN
TITLE: SECRETARY
ADDRESS: ONE POST STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104-

☒

OFFICER

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DIRECTOR

NAME: MARK S. WALCHIRK
TITLE: VICE PRESIDENT
ADDRESS: ONE POST STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104-

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OFFICER

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DIRECTOR

NAME: NICHOLAS A. LOIACONO
TITLE: TREASURER
ADDRESS: ONE POST STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104-

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OFFICER

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DIRECTOR

NAME: JENNIFER SMITH WEBSTER
TITLE: VICE PRESIDENT
ADDRESS: 10101 WOODLOCH FOREST DRIVE
CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380-

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OFFICER

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DIRECTOR

NAME: ANNE J. SHUFORD
TITLE: ASST SECRETARY
ADDRESS: ONE POST STREET
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94104-

NAME:	BRUCE D BROUSSARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10101 WOODLOCH FOREST DRIVE		
CITY/ST/ZIP/CO:	THE WOODLANDS, TX 77380-		
NAME:	B. SCOTT AITKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10101 WOODLOCH FOREST DRIVE		
CITY/ST/ZIP/CO:	THE WOODLANDS, TX 77380-		
NAME:	JAMES M. HUMPHREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	KAREN M. PINEDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	MARCELA G. MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	MELISSA WU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	WILLIAM E. WAGSTAFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	WILLIAM H. BRENNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
NAME:	KEVIN F. KRENZKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	10101 WOODLOCH FOREST DRIVE		
CITY/ST/ZIP/CO:	THE WOODLANDS, TX 77380-		
NAME:	ROBERT J. LAHAIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	ONE POST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94104-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ BRUCE D BROUSSARD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>BRUCE D BROUSSARD, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/26/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		